## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10719687

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                                     |            |                  |            | SMALL ENTITY TYPE                       |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|-------------------------------------|------------|------------------|------------|-----------------------------------------|------------------------|-------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    |                                           | 21                     |                                     |            |                  |            | RATE                                    | FEE                    | 1     | RATE                          | FEE                    |
| FOR                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                    |                                           | NUMBER FILED N         |                                     | NUMB       | ER EXTRA         |            | BASIC FEE                               | 385.00                 | OR    | BASIC FEE                     | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                           | <b>∂</b> / minus 20= * |                                     |            |                  |            | XS 9=                                   | •                      | OR    | X\$18=                        |                        |
| INI                                                                                                                                                                                         | DEPENDENT C                                                                                                                                                                                                                                                                                                        | LAIMS                                     | 3 minus 3 = * \$       |                                     |            | 8                |            | X43=                                    |                        | OR    | X86=                          |                        |
| M                                                                                                                                                                                           | ILTIPLE DEPEN                                                                                                                                                                                                                                                                                                      | IDENT CLAIM P                             | RESENT                 |                                     |            |                  |            | +145=                                   |                        | ÓŘ    | +290=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                                     |            | olumn 2          | ļ          | TOTAL                                   |                        | OR    | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                                     |            |                  |            | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                               |                        |
| _                                                                                                                                                                                           | <del>,</del>                                                                                                                                                                                                                                                                                                       | (Column 1)                                | · ·                    | (Colum                              |            | (Column 3)       | SWALL      |                                         | •                      | OMACC |                               |                        |
| AMENDMENT A                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                             | Total                                                                                                                                                                                                                                                                                                              | *                                         | Minus                  | **                                  |            | =                |            | X\$ 9=                                  |                        | OR    | X\$18=                        |                        |
| AME                                                                                                                                                                                         | Independent                                                                                                                                                                                                                                                                                                        | *                                         | Minus                  | <u>,</u>                            |            | =                |            | 'X43=                                   |                        | OR    | X86=                          |                        |
|                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEF                                                                                                                                                                                                                                                                                 |                                           | ENDENT CLAIM           |                                     |            | +145=            |            |                                         | OR                     | +290= | •                             |                        |
|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                                     |            |                  | •          | TOTAL                                   |                        |       | TOTAL                         |                        |
|                                                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                  | •                                         |                        | ADDIT. FEE                          |            | OR               | ADDIT. FEE |                                         |                        |       |                               |                        |
|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | (Column 1)                                |                        |                                     |            | •                |            |                                         |                        |       |                               |                        |
| AMENOMENT B                                                                                                                                                                                 | ·                                                                                                                                                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                             | Total                                                                                                                                                                                                                                                                                                              | *                                         | Minus                  | **                                  |            | =                |            | X\$ 9=                                  |                        | OR    | X\$18=                        |                        |
|                                                                                                                                                                                             | Independent                                                                                                                                                                                                                                                                                                        | * NTATION OF MIC                          | Minus                  | ***                                 | ~          | =                |            | X43=                                    |                        | OR    | X86=                          |                        |
|                                                                                                                                                                                             | FINST PRESE                                                                                                                                                                                                                                                                                                        | ·                                         | CTIPLE DEP             | ENDENT COAIM                        |            | <u>. L</u>       | J [        | +145=                                   |                        | OR    | +290=                         |                        |
| •                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                                     |            | . •              |            | TOTAL<br>ADDIT FEE                      |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |
|                                                                                                                                                                                             | <u></u>                                                                                                                                                                                                                                                                                                            | (Column 1)                                | ·                      | ·(Colum                             |            | (Column 3)       |            |                                         | •                      |       |                               | ·                      |
| AMENDMENT C                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                             | Total                                                                                                                                                                                                                                                                                                              | <br>  *                                   | Minus                  | **                                  |            | . =              |            | X\$ 9=                                  |                        | OR    | X\$18=                        | <u>:</u>               |
|                                                                                                                                                                                             | Independent                                                                                                                                                                                                                                                                                                        | *                                         | Minus                  | ***                                 | 01.011.4   | =                |            | X43=                                    |                        | OR    | X86=                          |                        |
|                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                     |                                           |                        |                                     |            |                  |            | +145=                                   |                        | OR    | +290=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                                     |            |                  |            |                                         |                        | OR I  | TOTAL                         |                        |
| ***                                                                                                                                                                                         | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                        |                                     |            |                  |            |                                         |                        |       |                               |                        |